



College of the Atlantic

Notification of Withdrawal

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Term you entered COA: _____ Current Term: _____ Advisor: _____

When you were choosing colleges, was COA your first choice? Yes No

Withdrawal requested for the following term: Fall Winter Spring Year _____

If Withdrawal request is for the current term, last date of attendance of classes: _____

If you have previously taken a leave of absence from COA, please note those terms here: _____

Please indicate the importance of the following factors in your decision to withdraw from COA:

My experience with COA's academic programs: Major reason Minor reason Not a reason

Please explain:

The quality of my academic performance: Major reason Minor reason Not a reason

Please indicate additional resources that you wish COA could have provided to help you thrive academically.

Financial issues: Major reason Minor reason Not a reason

Have you met with anyone from the financial aid office to discuss your concerns?

Please explain:

Medical and/or mental health challenges: Major reason Minor reason Not a reason

Please explain:

My experience of COA's social life: Major reason Minor reason Not a reason

Please explain:

Other: Major reason Minor reason

Please explain:



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Please describe your plans for your time after you withdraw. If you plan to enroll at another institution, please indicate where and when.

By signing below, you acknowledge that you have read and understand the following:

- A withdrawal may impact loan payback. You should contact the Financial Aid Office to ensure that you understand the terms of your financial obligations.
- If you wish to return to the College after being withdrawn, you must re-apply through the Office of Admissions.

Required Signatures:

Student: _____ Date: _____

Academic Advisor: _____ Date: _____

Office of Financial Aid: _____ Date: _____

Business Office: _____ Date: _____

If you live in on-campus student housing:

Office of Student Life: _____ Date: _____

Academic Dean/Dean of Student Life *: _____ Date: _____

*Sarah Luke or Barbara Conry; this should be the last signature you obtain

Office Use Only:

ML _____ (initial here)

Mandated academic

RA

CRA

NRA

Notes: